

CLAIMS ONLY

Application Number

Filing Date

Filing Date

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		May be used for additional claims or amendments					
	Indep.	Depend.	Indep.	Depend.	Indep.	Depend.	Indep.	Depend.	Indep.	Depend.	Indep.	Depend.
1	1						51					
2		1					52					
3		1					53					
4	1						54					
5	1						55					
6	1						56					
7	1						57					
8	1						58					
9	1						59					
10		1					60					
11							61					
12							62					
13							63					
14							64					
15							65					
16							66					
17							67					
18							68					
19	1						59					
20		1					70					
21		1					71					
22	1						72					
23	1						73					
24	1						74					
25							75					
26							76					
27							77					
28							78					
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42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
Total Indep	5						Total Indep					
Total Depend	11						Total Depend					
Total Claims	16						Total Claims					